

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020025

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2960

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 7 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (if outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

2 Weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE

Jackson County Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Kansas City 38,

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

7924 East 82nd St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Elma

Middle

Last

Crum

4. DATE OF DEATH

Month

Day

Year

May 23, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-24-1872

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Alfred Rich Bobbitt

13b. MOTHER'S MAIDEN NAME

Saraha E. Fugh

14. NAME OF HUSBAND OR WIFE

Alfred T. Crum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Mary Westfall 7924 E. 82nd. St.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Arrest

INTERVAL BETWEEN ONSET AND DEATH

None

DUE TO (b)

Brain Stem Damage

10 days

DUE TO (c)

Cerebral Vascular Thrombosis

10 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5-13-63

to 5-23-63

and last saw ☒ alive on

5-22-63

Death occurred at

3:25 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

10901 Winner Rd., Indep. Mo.

22c. DATE SIGNED

5-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-25-1963

23c. NAME OF CEMETERY OR CREMATORY

Fasken Cemetery

23d. LOCATION (City, town, or county)

Carthage

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Carson Hinton

Raytown, Mo.

25. DATE RECD. BY LOCAL REG.

5-24-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

5-27-63

INSTEAD OF

Carson's Funeral Home

SHOULD READ

Hinton's Funeral Home

DOCUMENT

BY AFFIDAVIT OF Hinton Mortuary

W. Woodward MEDICAL CERTIFICATION

ITEM NO.

24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Forest D. Goldensow

Licensed Embalmer No. 4714

P. O. Address 1602 W. 1st St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.